



## Tax Year 2019 Form 1095-B Guidance

**State Medicaid Programs are no longer required to send out Form 1095-B for Medicaid enrollees as of tax year 2019. This is due to the changes in the federal mandate requiring individuals to have healthcare coverage.** If you still want a Form 1095-B for other reasons, you may request one by calling 1-855-697-4347, emailing [ohhs.1095B@ohhs.ri.gov](mailto:ohhs.1095B@ohhs.ri.gov), or sending a request in writing to 3 West Road Cranston, RI 02920 ATTN 330B.

Please include your full name, date of birth and Medicaid ID number, if known, in your request. Please also confirm your mailing address.